

CLAIMS ONLY							Application Number <i>10020928</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I					51		
2	I					52		
3	I					53		
4	I					54		
5	I					55		
6	I					56		
7	I					57		
8	I					58		
9	I					59		
10	I					60		
11	I					61		
12	I					62		
13	I					63		
14	I					64		
15	I					65		
16	I					66		
17	I					67		
18	I					68		
19	I					69		
20	I					70		
21						71		
22						72		
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39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	3					Total Indep		
Total Depend	17					Total Depend		
Total Claims	20					Total Claims		